annual report

2014

2015

3S Health

Shared Services Saskatchewan

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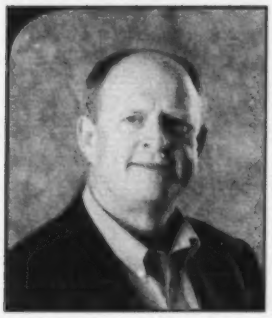
Andrew Will
CEO, 3sHealth



Brian Barber
Chair, 3sHealth Board

Message from the 3sHealth CEO and Board Chair

On behalf of the 3sHealth Board and senior leadership team, we are pleased to present the 2014-15 annual report. Our focus this year has been on three key factors:

- Partnership / relationship building – our healthcare system is better if we work together toward transformation and improvements
- Quality and safety – transformation and innovation must first consider the impact on quality of care and safety for patients, families and staff within the system
- Savings – healthcare costs are increasing every day; we need to design a system that is sustainable for generations to come

In 2014-15, the 3sHealth leadership team had opportunities to meet with our healthcare system partners to talk about the work we're doing together, to gather feedback, ideas and to share goals and information about our organization. We have appreciated the chance to learn from our partners and to identify ways we can work together to improve our healthcare system.

We continued with the transition to a provincial linen service this year. As well, business cases and subsequent charters for supply chain, transcription, enterprise resource planning, enterprise risk management, and environmental services, medical imaging, and medical laboratory services are also on the horizon.

Each of these initiatives has a strong focus on quality and safety and considers how our work can improve the patient experience as well as support staff in their work.

The past year marked a significant milestone for 3sHealth and our provincial partners. In late March, we were able to announce the achievement of our shared goal to save $100 million. By March 31, 2015 we had achieved cumulative savings of $112.4 million.

The bulk of these savings is attributed to provincial contracting, one example of which is a province-wide contract for hemodialysis equipment which resulted in $1.15 million in capital cost savings and an additional $568,000 savings (over five years) on consumables and accessories. While the savings are positive for the system, one caregiver said "the real winners are the patients who benefit from the life-saving support of this state-of-the-art hemodialysis equipment".

The consistent aim of the health regions, Saskatchewan Cancer Agency (SCA), 3sHealth, government and all our healthcare partners is to make the system better together through better health, better care, better value and better teams.

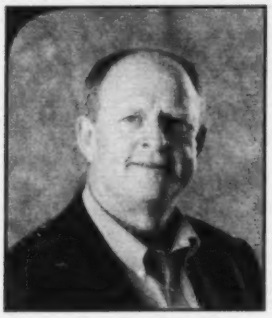
We would like to express our appreciation to the 3sHealth team – staff, board and management who take great pride in the work we do to make a difference in the lives of the patients and families. Our appreciation also extends to our many partners in the health system who share our commitment to 'patients first'.

We hope you will enjoy reading about other highlights from the year in this publication.

3sHealth Board of Directors

Brian Barber
Chair, 3sHealth Board*

Rennie Harper
Vice-Chair
Chair, Governance and Business Development Committee



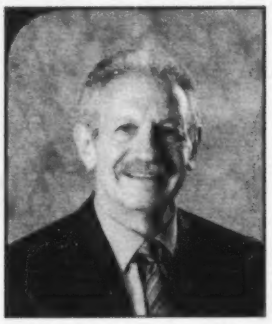
Kyle Jeworski

Karen Knelsen

Grant Kook

Twyla Meredith

Arnie Shaw
Chair, Audit, Finance and Risk Committee



Jim Rhode
Chair, 3sHealth Board**

* January 2015 to present
** April 2014 to January 2015

"Smaller health regions like Kelsey Trail receive more value for our dollar because of the provincial contracting work led by 3sHealth. By using provincial volumes we receive lower cost per unit than if we contracted the product ourselves."

— Fred Slobodzian, director of materials management, Kelsey Trail Health Region

Collaboration

We work together with our healthcare system partners to achieve common goals for the benefit of patients and families through active participation, two-way communication, and mutual respect. We believe the best outcomes happen when we share insights and build on each other's strengths.

At the foundation of 3sHealth's work in 2014-15 was its commitment to work in partnership with the health regions, Saskatchewan Cancer Agency (SCA), Ministry of Health, eHealth Saskatchewan, affiliates, and other healthcare agencies and vendors. Working together as a system, we were able to improve patient care in the province.

One of the most significant collaborative achievements in 2014-15 was in the area of cost savings. Saskatchewan's healthcare system surpassed a five-year target to identify $100 million in cost savings. As of March 31, 2015, partnership initiatives involving the health regions, SCA and 3sHealth achieved a cumulative $112.4 million in savings. The savings were largely the result of provincial contracting, a process which has reduced the cost of medical surgical supplies, drugs, and services while improving or maintaining quality and safety for patients, families, and staff. The bulk of the cost savings were realized through:

- Provincial contracts for drugs: over $44 million
- Provincial contracts for medical surgical supplies: over $33 million
- Dividends and rebates from provincial contracts: over $9 million
- Linen service capital cost avoidance: over $11 million

In the supply chain business case, which seeks to standardize and improve the quality of healthcare products and services across the province, a committee was formed to ensure strong implementation of any improvement recommendations. This group brought together members from across the health regions and SCA, and together they will continue to work toward the creation of a single healthcare supply chain in Saskatchewan in 2015-16.

Another important partnership that emerged in 2014-15 involved a group of healthcare system materials management personnel and representatives from the province's quality improvement (Kaizen Promotion Offices), whose focus is to promote and support continuous improvement within the system. Together with 3sHealth, these partners developed guiding principles that will be used to design a provincial visual signalling system—also known as "Kanban"—to support just in time inventory – what's needed, when it's needed, where it's needed, and in the amounts needed. In this way, the system will be able to reduce waste and improve product availability, which will have an important impact on patient care, quality, and cost to the system.

Collaboration was also a central theme in the transcription services business case, which seeks to create a single standardized transcription service for the province. Throughout 2014-15, the transcription services project team worked together with healthcare system partners to create a proposed provincial delivery model and business case. Committees involving key stakeholders from the healthcare system (administrative leadership, operational managers, clinicians including physicians and radiologists, and system decision making bodies such as the Transition Oversight Committee, Council of CEOs, 3sHealth Board of Directors, and Governing Council) are involved in this work.

In the areas of human resources and labour relations, great collaborative strides were made in 2014-15. 3sHealth signed joint statements of intent with four provider unions (Saskatchewan Government Employees Union (SGEU)-SCA, SGEU, Service Employees International Union (SEIU)-West, and Canadian Union of Public Employees (CUPE) regarding the environmental services and transcription services business cases. These provider unions stated their commitment to working together with 3sHealth and their healthcare system partners to develop meaningful dialogue and participate in building shared healthcare services.

In addition, a Human Resources/Union Working Group, consisting of representatives from 3sHealth, human resource and labour relations leaders from the health regions and SCA, representatives from Saskatchewan Association of Health Organizations (SAHO), and union leaders from CUPE, SEIU-West, SGEU, and SGEU-SCA, was formed. The mandate of this working group is to provide recommendations, advice, input, and expertise throughout all stages of business case development, and throughout all stages of service line implementation and transition. Since the group was formed, members have come together on numerous occasions to discuss the transcription services business case, as well as the supply chain business case and other matters.

collaboration

integrity & trust

Integrity and trust

We demonstrate honesty in all that we do and take responsibility for our actions. We follow through on the commitments we make, enable one another's successes, and strive for professional excellence in the service of patients and families.

Just as the value of collaboration enables 3sHealth to enact improvement opportunities within the healthcare system, partnership also helps us to show integrity and build trust. In the area of clinical services, 3sHealth successfully developed relationships with healthcare system partners through its clinical advisors, who reached out to clinicians to resolve product issues and concerns, form sub-committees to participate in provincial contracting activities, and participate in clinical product trials. All of these efforts helped to create better communication and openness, two things essential to creating a culture of continuous improvement within our healthcare system.

3sHealth also worked hard to demonstrate integrity and build trust with one of its core client groups: healthcare system employees. The Employee Benefits Plan (EBP) area, which administers the benefits plan to more than 42,000 healthcare workers in Saskatchewan, works hard to provide high-quality benefits that are customer-focused, consistently delivered, equitable, financially stable, and provided at reasonable cost. In 2014-15, EBP achieved several key performance indicators that measure its quality of service:

- Maintain a minimum service level of 90 per cent for all incoming mail, which must be completed within five business days, using a tracking system that is monitored daily.
- Resolve customer issues on the first call by recording all calls and randomly auditing them for quality assurance.
- Answer calls as quickly as possible and review wait times daily to determine appropriate resourcing to meet the volume of incoming calls.

By meeting these milestones, EBP continued to maintain the confidence of its customers, contributing to the overall well-being of the Saskatchewan healthcare system.

Transparency

We are a culture in which people feel empowered to discuss and address critical issues in a safe and supportive environment. We believe engagement and the sharing of information enables good decision-making and leads to better outcomes.

Collaboration and engagement are the foundation of transparency and these were clear priorities for 3sHealth in 2014-15. By working together with our healthcare system partners, 3sHealth brings transparency by sharing information and seeking input into the work we do on behalf of the healthcare sector.

Transparency and collaboration guide how 3sHealth works with teams throughout the healthcare system to advance business cases. Core project teams regularly came together to openly discuss system needs and for detailed planning.

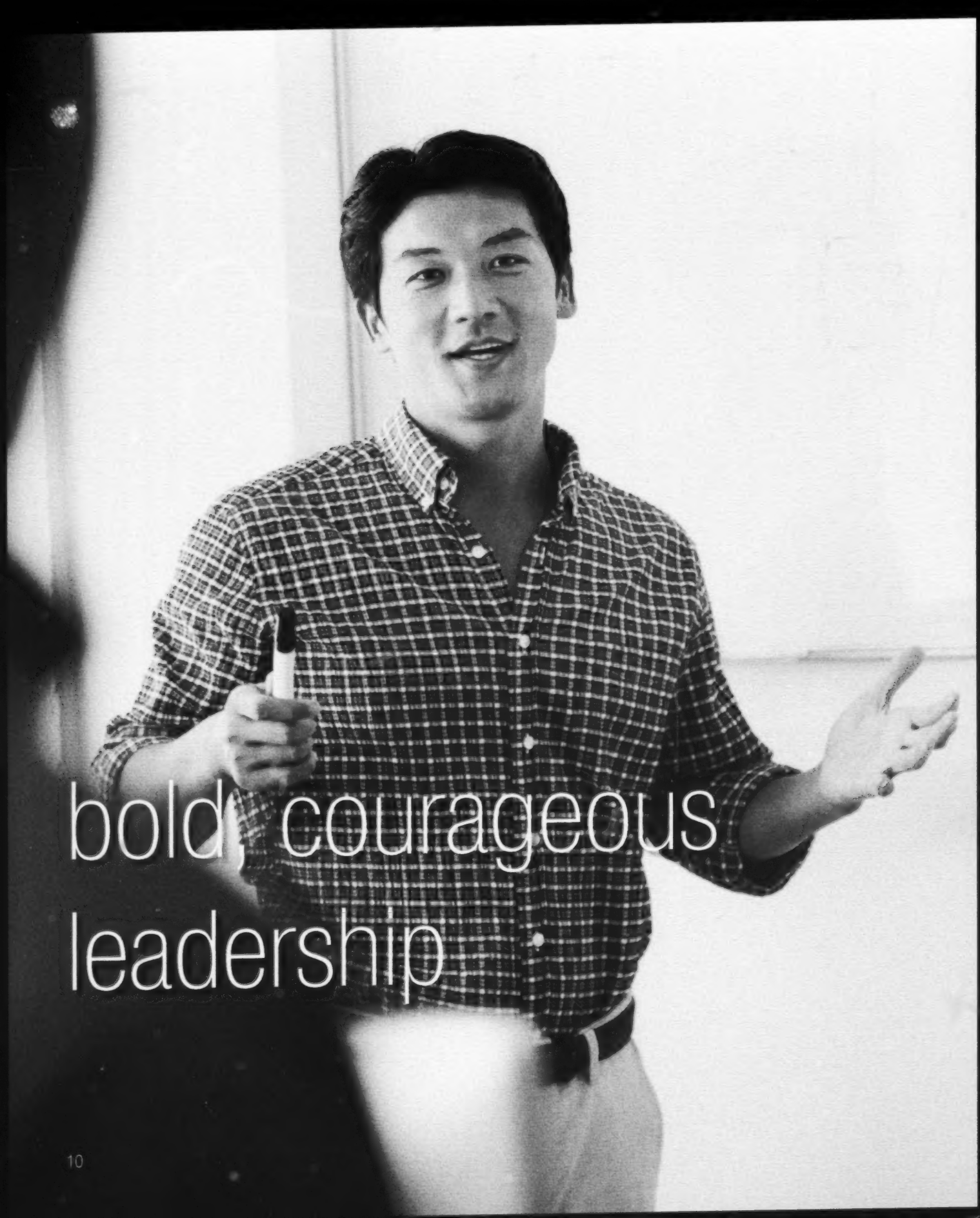
3sHealth manages the provincial contracting service line on behalf of the healthcare system. Through many request for proposal (RFP) processes, 3sHealth lived its commitment to transparency. On products ranging from needles and syringes to orthopedic implants, open and competitive contracting process ensured all vendors able to meet the requirements outlined in RFPs were invited to respond. The result of these efforts is greater engagement with partners both inside and outside the system, as well as better products at more competitive prices, an outcome that benefits patients, families, and taxpayers.

In 2014-15, 3sHealth continued its use of the Lean management system as a means of continuous improvement. Transparency is an important concept within Lean.

3sHealth continued to excel in daily visual management, the process of posting key information for all team members to see, discuss at regular "wall walks", and take action on. At an organizational level, progress on strategic priorities was posted and discussed every second week, and service line measures were also posted to show improvements in key areas of quality, cost, delivery, safety, and engagement. On a daily basis, service line teams regularly huddled in their own areas to talk about the work of the day and make quality improvements together. Daily visual management empowers teams to reveal and discuss problems, think creatively about solving them, and drive improvement forward.

3sHealth toured 103 people from other organizations (RQHR, Workers' Compensation Board, SaskTel, the Ministry of Education, SAHO, and Saskatchewan Liquor and Gaming Authority) through our facilities to showcase our daily visual management process.

transparency


bold, courageous
leadership

Bold, courageous leadership

We are brave and willing to try new things. Together with our system partners, we put patients and families first, inspire each other and show initiative, work with others to put innovative ideas into practice, and take thoughtful risks to advance the vision of shared services in the Saskatchewan healthcare system.

At 3sHealth, we know that creating a culture of continuous improvement is a team effort. That is why we value bold and courageous leadership, both within 3sHealth and the broader healthcare system. The 2014-15 year was an exciting time for the system, and we witnessed leaders at all levels – from the boardroom to the frontlines of healthcare – step forward to try new things and embrace change that put patients and their families first.

Together with system partners, 3sHealth is leading transformative change through the implementation of a new provincial linen service. By using a just-in-time inventory management model, creating and auditing consistent provincial standards for quality and delivery, and improving the patient experience with improved products and infection prevention and control, the new system will capture an estimated $98 million in future savings over a 10-year period.

Collaborative leadership was also a theme in 3sHealth's information technology (IT) unit, which continued to make progress together with provincial IT counterparts to create unified communications technology solutions (such as common telephone systems to enable technologies such as WebEx, Jabber, and teleconferencing). 3sHealth implemented Jabber, an instant messaging communications system, not only at 3sHealth, but also in Heartland Health Region and eHealth Saskatchewan. The result has been enhanced communications between partners. This partnership has also resulted in new provincial standards for telecommunications and a common roadmap for future development, which will ensure future provincial alignment between the health regions, SCA, eHealth Saskatchewan, and 3sHealth.

As part of our ongoing commitment to Lean, a total of 14 members of 3sHealth's management team, including three members of the senior leadership team, graduated from the province's Lean Leader Certification Program. Another 16 staff are in the process of completing the program, which gives leaders the theoretical and practical knowledge they need to lead rapid improvement events and coach others in making daily improvements.

Innovation

We are creative, strategic thinkers who are open to exploring all possibilities that will improve the quality of patient care and realize better value for the healthcare system. We fearlessly take on new opportunities and work closely with our partners to implement and sustain positive transformational change.

At 3sHealth, we believe continuous improvement is only possible in a collaborative, creative, and dynamic environment. For this reason, we are committed to working together with system partners to find new and innovative ways of doing business and meeting the needs of patients.

Exciting and innovative change were themes in the transcription services area in 2014-15. Currently, different systems and versions of dictation and transcription technology are being used in the health regions and SCA, resulting in multiple maintenance contracts and incremental costs to support these systems. In a number of the health regions, the dictation and transcription technology requires significant updating and investment. In the future, transcription services will operate using a single provincial dictation and transcription system. The new technology will use standard templates that populate based on voice recognition software. An effective governance model will ensure that processes, policies, technology platforms, and templates are standardized to protect the new system and ensure benefits are realized and sustained over the long term for patients, families and caregivers.

To achieve these gains in 2014-15, the transcription services team, composed of representatives from 3sHealth and its partners across the healthcare system, secured the endorsements of key healthcare decision-makers. Before the end of the fiscal year, the implementation plan received key endorsements from the Transition Oversight Committee and the 3sHealth Board of Directors, with additional review by the Council of CEOs and Governing Council planned for the early part of the 2015-16 fiscal year.

Another key partnership between leaders in linen services resulted in exciting gains for the healthcare system. In 2014-15, 3sHealth partnered with Wascana Rehabilitation Centre and the Regina Qu'Appelle Health Region to complete the province's first lean replication event. Over an 18-month period, lean events were held at which care providers developed new processes to improve linen handling and inventory management in long-term care units. The new processes were tested and improved, and team members then helped colleagues in other units to implement those processes. The standard work created can now be replicated in long-term care units throughout the province.

Specific standard work included:

- Morning care routines that eliminate interruptions;
- Elimination of small carts of linen to reduce hallway clutter and improve safety in hallways;
- The separation of clean and soiled items in linen service rooms;
- Visual cues to manage inventory on carts, in patient rooms and in storage areas; and
- Standard processes for the stocking and de-stocking of carts.

The standard work created by the replication event will improve infection prevention and control, allow care workers more time with patients and streamline inventory management.

One of Lean's key strengths is giving staff at all levels the time, processes, and support they need to make rapid improvements at work. In 2014-15, 3sHealth completed six formal rapid improvement workshops, pulling teams together to create immediate solutions to issues that challenged workers and slowed down or caused suboptimal results for 3sHealth customers. The organization also held smaller events to map processes, build quick collaborative process improvements, and optimize use of our workspaces.

3sHealth's improvement card initiative, launched in January 2014, has become an important part of corporate culture, encouraging staff to raise and act on improvement ideas on a daily basis. Rather than waiting for an ideal time or a perfect plan, the cards encourage all staff to come forward with big or small improvements that will make a difference to their daily processes and the services they provide. These improvements are critical to ongoing innovation, whether big or small.

innovation

Discussion and analysis

Enterprise Risk Management

3sHealth uses a formal Enterprise Risk Management (ERM) program to help actively manage risks related to its strategic objectives. The 3sHealth Board of Directors has established an ERM policy which outlines high-level roles and responsibilities assigned to the Audit, Finance and Risk Committee, the Senior Leadership Team (SLT), the Risk Management Committee (RMC), the internal audit and ERM department, and operational management (risk owners). Risk owners update the risk register quarterly, and SLT vets the registers before providing them to the Audit, Finance and Risk Committee of the Board.

Internal audit and ERM provide support to the RMC by coordinating ERM activities, facilitating risk identification and assessment discussions, coaching management to develop risk responses, consolidating reporting, and assisting with the development of risk strategies.

In the coming year, internal audit and ERM will develop processes to ensure the status of risks and risk treatment plans are monitored on a regular and ongoing basis as the ERM program matures. The unit will provide quarterly reporting to the SLT and the Audit, Finance and Risk Committee. Organizational risk assessments will inform the development of the annual internal audit plan.

Significant risk areas

The following paragraphs describe key risks to achieving 3sHealth's strategic objectives, as well as management's mitigation strategies.

Decision-making

The governance of the Saskatchewan healthcare system is complex, involving 14 separate organizations making decisions regarding the provision of healthcare services. Each organization faces unique challenges in delivering healthcare and is accountable to its own Board as well as the Minister of Health. The complexities of the system's governance structure affect its ability to make decisions on provincial services and standards, and can create risks to implementing changes. The decision-making process around business cases and implementation of new service lines is complex and time-consuming. 3sHealth has established an engagement framework to ensure healthcare system partners are involved in the development of recommendations. In addition, 3sHealth works diligently to optimize its submission of items to the Transition Oversight Committee (a sub-committee of the Council of CEOs), the Council of CEOs, the 3sHealth Board, and the Governing Council.

Achieving targets

In accordance with 3sHealth's mandate, 3sHealth has set strategic goals aimed at lowering the healthcare system's cost curve, bringing enhanced value to the system, and improving service quality. 3sHealth has established specific targets to ensure it meets its strategic goals and objectives. To maintain the appropriate level of focus on achieving targets, management has created a visibility wall with visual reporting that is updated and reviewed weekly by senior management. This process ensures corrective actions are implemented in a timely manner.

Impact on patient care

Patient safety is a priority for 3sHealth as patients are at the centre of all the work we do. Clinicians and patients are involved in the business case development process, as well as in many provincial procurement activities. When new products are introduced to the system, 3sHealth assists health regions and the Saskatchewan Cancer Agency with product conversion support. In addition, a provincial product issue resolution process is in place, and it is continuously reviewed and improved.

3sHealth
Shared Services Saskatchewan

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Management's Responsibility for Financial Statements

The Health Shared Services Saskatchewan (3sHealth) financial statements and all the information in the Annual Report are the responsibility of management and have been approved by the Board of Directors.

Management has prepared the financial statements in accordance with Canadian public sector accounting standards. Management is responsible for the reliability and integrity of the financial statements and other information contained in the Annual Report. The financial information presented elsewhere in this Annual Report is consistent with that in the financial statements.

Management maintains a comprehensive system of internal controls to ensure that transactions are accurately recorded on a timely basis, are properly approved and result in reliable financial statements. The adequacy and operation of the control systems are monitored on an ongoing basis by the internal audit department.

Provincial Auditor Saskatchewan, the external auditor appointed by the Board of Directors, has audited the financial statements. The Auditor's Report outlines the scope of her examination and her opinion. The external auditor has unrestricted access to management and the Board of Directors to discuss results of the audit work and her opinion on the adequacy of internal financial controls and the quality of financial reporting.

Kendell Arndt
Vice-President, Strategic Information
& Corporate Services

JoAnn Collum
Director,
Finance

Financial Statements of

Health Shared Services Saskatchewan

March 31, 2015

PROVINCIAL AUDITOR
of Saskatchewan

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of Health Shared Services Saskatchewan (3sHealth), which comprise the statement of financial position as at March 31, 2015, and the statement of operations, statement of changes in net assets, and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of 3sHealth as at March 31, 2015, and the results of its operations, changes in net assets, and cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Judy Ferguson

Regina, Saskatchewan
June 23, 2015

Judy Ferguson, FCPA, FCA
Provincial Auditor

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HEALTH SHARED SERVICES SASKATCHEWAN

Statement of Financial Position

As at March 31

	2015	2014
ASSETS		
CURRENT ASSETS		
Cash	$ 3,571,972	$ 3,417,922
Short term investments (Note 4)	10,517,440	5,932,435
Accounts receivable	2,329,484	3,579,979
Prepaid expenses	495,965	377,869
	16,914,861	13,308,205
CAPITAL ASSETS (Note 5)	541,798	668,352
	17,456,659	13,976,557
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	4,257,876	4,878,781
Unearned revenue (Note 6)	85,168	169,197
Deferred contributions (Note 7)	9,177,173	5,677,076
	13,520,217	10,725,054
NET ASSETS		
Invested in capital assets	541,798	668,352
Internally restricted	528,222	528,222
Unrestricted	2,866,422	2,054,929
	3,936,442	3,251,503
	$ 17,456,659	$ 13,976,557

Contingencies (Note 16)

See accompanying notes

Approved by the Board of Directors:

Brian Barber
Chairman

HEALTH SHARED SERVICES SASKATCHEWAN

Consolidated Statement of Operations

For the year ended March 31

	Budget 2015	2015	2014 (Note 20)
REVENUE			
Ministry of Health			
Service agreement fees	5,999,844	6,000,000	5,990,883
Prior year funding	800,160	-	-
Ministry of Health deferred funding	-	100,807	465,212
Other deferred funding		69,100	363,269
Provincial services (Note 8)	15,970,937	15,248,934	13,637,035
Membership fees	1,740,000	1,728,659	1,701,003
Investment income	102,000	121,017	100,790
Client administration fees	474,996	409,150	329,318
Miscellaneous	543,573	654,520	1,088,282
Custodial services net (Note 10)	-	2,256	8,921
Gain/(loss) on disposal of capital assets	-	(4,390)	250
TOTAL REVENUE	25,631,510	24,330,053	23,684,963
EXPENSES			
Corporate administration (Note 11)	3,340,264	3,477,345	3,069,149
Provincial services (Note 8)	17,565,042	16,128,523	14,656,395
Health transformation (Note 13)	4,726,204	4,039,245	5,892,621
TOTAL EXPENSES (Schedule 1)	25,631,510	23,645,113	23,618,165
EXCESS OF REVENUE OVER EXPENSES	**$ -**	**$ 684,940**	**$ 66,798**

See accompanying notes

HEALTH SHARED SERVICES SASKATCHEWAN

Statement of Changes in Net Assets

For the year ended March 31

	2015				2014
	Invested in capital assets	Internally restricted	Unrestricted	Total	Total
Net assets, beginning of year	$ 668,352	$ 528,222	$ 2,054,929	$ 3,251,503	$ 3,184,704
Excess/(deficiency) of revenue over expenses	(213,176)	-	898,116	684,940	66,799
Transfer between funds for:					
Purchase of capital assets	146,407	-	(146,407)	-	-
Disposal of capital assets	(59,785)	-	59,785	-	-
Net assets, end of year	$ 541,798	$ 528,222	$ 2,866,423	$ 3,936,443	$ 3,251,503

See accompanying notes

HEALTH SHARED SERVICES SASKATCHEWAN

Statement of Cash Flows

For the year ended March 31

	2015	2014
OPERATING ACTIVITIES		
Excess of revenue over expenses	$ 684,940	$ 66,798
Items not involving cash:		
Amortization	213,176	185,387
(Gain)/Loss on disposal of capital assets	55,175	(250)
Change in non-cash operating working capital items:		
Accounts receivable	1,250,495	826,050
Prepaid expenses	(118,096)	(67,231)
Current liabilities	2,795,162	(4,181,336)
Cash used in operating activities	4,880,852	(3,170,582)
CAPITAL ACTIVITIES		
Proceeds on disposal of capital assets	4,595	250
Purchase of capital assets	(146,407)	(502,966)
Cash used in capital activities	(141,812)	(502,716)
INVESTING ACTIVITIES		
Purchase of investments	(33,847,888)	(29,663,790)
Disposal of investments	29,262,898	33,673,092
Cash provided by investing activities	(4,584,990)	4,009,302
Increase in cash for the year	154,050	336,004
Cash, beginning of year	3,417,922	3,081,918
Cash, end of year	$ 3,571,972	$ 3,417,922

See accompanying notes

1. NATURE OF OPERATIONS

The Saskatchewan Health-Care Association (SHCA) was incorporated pursuant to an Act to Incorporate SHCA on January 28, 1976. On April 17, 2012, the SHCA adopted the operating name of Health Shared Services Saskatchewan (3sHealth).

The purpose of 3sHealth is to provide province-wide shared services to support a high performing, sustainable, patient and family centred health system in Saskatchewan. 3sHealth also provides administrative services to the employee benefit plans (Note 9).

3sHealth is governed by a nine member board of directors who are appointed by the health system's Governing Council. The Governing Council consists of representatives from the Regional Health Authorities, the Saskatchewan Cancer Agency and affiliated members.

3sHealth is a not-for-profit organization, is not subject to income taxes under the *Income Tax Act of Canada*, and is a registered charity.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board published by the Chartered Professional Accountants of Canada (CPA Canada). 3sHealth has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. Following are the significant accounting policies:

a) Revenue recognition

3sHealth follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Membership fees are recognized as revenue in the year to which the fees relate. Any membership fees received in advance are deferred to the following fiscal year.

b) Capital assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets with a life exceeding one year are amortized on a straight-line basis over their estimated useful lives as follows:

Leasehold improvements	Term of lease
Furniture and equipment	4 – 10 years
Computer equipment	2 years

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

c) Retirement benefits

Eligible 3sHealth employees participate in the Saskatchewan Healthcare Employees' Pension Plan (SHEPP), a multi-employer defined benefit pension plan. 3sHealth's financial obligation as it relates to SHEPP is limited to making the required monthly contributions currently set at 112% of the amount contributed by 3sHealth employees. Pension expense is included in salaries and related benefits in Schedule 1.

d) Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires that estimates and assumptions are made which affect reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year. Actual results could differ from those estimations.

e) Financial instruments

3sHealth has classified its financial instruments into one of the following categories: fair value or cost or amortized cost.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's length transaction between knowledgeable and willing parties under no obligation to act.

The following financial instruments are subsequently measured at cost or amortized cost:

- accounts receivable;
- short term investments; and
- accounts payable and accrued liabilities.

As at March 31, 2015, 3sHealth does not have any material outstanding contracts or financial instruments with embedded derivatives.

All financial assets are assessed for impairment on an annual basis. When a decline in value is determined to be other than temporary, a loss is reported in the statement of operations.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

f) Interest revenue

Interest earned on investments held for certain deferred contributions is added to deferred contributions when required by external restrictions. All other earned interest is recorded as income on the Statement of Operations.

g) Allocation of expenses

Specific costs that are incurred directly by 3sHealth's departments are charged to the applicable area. Certain corporate administration costs (Note 11) are allocated to each business function and service line to determine the cost of delivering services.

The corporate overhead allocation includes costs from departments such as administration, finance, internal audit, information services, etc. These costs are allocated based on estimated consumption of usage. They included building lease and operating costs, salaries, postage, courier, telephone, and printing costs.

The method of distributing corporate overhead costs is based on the percentage of budgeted expense and is applied each year.

Schedule 1 discloses the breakdown of 3sHealth's expenditures by type of expense while Note 12 provides details of the allocated expenses.

h) Foreign currencies

Foreign currency transactions are translated into Canadian dollars using the transaction date exchange rate. Monetary assets and liabilities denominated in foreign currencies are adjusted to reflect exchange rates at the balance sheet date. Exchange gains or losses arising on the translation of monetary assets and liabilities or sale of investments are included in the statement of operations in the year incurred.

3. FINANCIAL INSTRUMENTS

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

3. FINANCIAL INSTRUMENTS (continued)

b) Financial risk management

3sHealth has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

- *Credit risk*

3sHealth is exposed to credit risk from the potential non-payment of accounts receivable. The majority of 3sHealth's receivables are from regional health authorities, the Ministry of Health – General Revenue Fund, or other Saskatchewan Crown agencies. 3sHealth is also exposed to credit risk from cash and short-term investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2015	2014
Cash	$ 3,571,972	$ 3,417,922
Short-term investments	10,517,440	5,932,435
Accounts receivable	2,329,484	3,579,979
	$ 16,418,896	$ 12,930,336

3sHealth manages its credit risk surrounding cash and short-term investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide investment decisions. 3sHealth invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

- *Market risk*

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates, will affect 3sHealth's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

3. FINANCIAL INSTRUMENTS (continued)

- *Market risk (continued)*

i. Interest rate risk

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

3sHealth is exposed to minimal interest rate risk on its cash and short term investments.

ii. Foreign currency risk

3sHealth operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of 3sHealth. 3sHealth believes that it is not subject to significant foreign exchange risk from its financial instruments.

- *Liquidity risk*

Liquidity risk is the risk that 3sHealth will not be able to meet all cash outflow obligations as they come due. The following policies and procedures are in place to mitigate this risk:

- 3sHealth maintains sufficient cash and short term investments to discharge future obligations as they come due; and
- Membership fee structure is reviewed annually and is approved by the Governing Council. Membership fees are used as base operational funding for the upcoming year.

The estimated contractual maturities of 3sHealth's financial liabilities are:

- up to two months for accounts payable; and
- one to twelve months for unearned revenues.

At March 31, 2015, 3sHealth has a cash balance of $3,571,972 (2014 - $3,417,922).

c) Fair value

The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:

- cash and short term investments;
- accounts receivable; and
- accounts payable and accrued liabilities.

4. SHORT TERM INVESTMENTS

		2015		2014	
Investment Type	Credit Rating	Cost	Market Yield (%)	Cost	Market Yield
Short term funds	R1 High to R1 Mid	$10,517,440	0.96 – 1.21	$5,932,435	0.96 – 1.21

	2015	2014
Total investment income earned in the year	$130,692	$108,879
Less: amount allocated to deferred contribution accounts	(9,675)	(8,089)
Total investment income recognized as revenue	$121,017	$100,790

3sHealth invests its excess cash in a fund that invests in high quality money market securities that mature in one year or less. The securities are primarily denominated in Canadian dollars but may be issued by Canadian or foreign entities. The net asset value of the units of the fund is calculated daily. At March 31, 2015, there is no unrealized gain/loss on the value of this investment as the unit cost value equals the unit market value (2014 - $nil).

5. CAPITAL ASSETS

			Net Book Value	
	Cost	Accumulated Amortization	2015	2014
Leasehold Improvements	$ 335,350	$ 296,834	$ 38,516	$ 60,630
Furniture and Equipment	1,954,741	1,587,110	367,631	515,392
Computer Equipment	1,702,162	1,692,002	10,160	17,330
Work in Progess - software development	125,491	-	125,491	75,000
	$ 4,117,744	$ 3,575,946	$ 541,798	$ 668,352

For the year ended March 31, 2015 total amortization of $213,176 (2014 – $185,387) is included in Schedule 1 and the Statement of Operations as Corporate administration expenses.

6. UNEARNED REVENUE

	Balance, beginning of year	Recognized during the year	Amount received	Investment revenue restricted	Transfers	Balance, end of year
Membership revenue	$ -	$ (1,728,659)	$ 1,728,659	$ -	$ -	$ -
NISS membership revenue	84,030	(173,167)	89,137	-	-	-
Other revenue	85,167	(1,022,004)	1,022,005	-	-	85,168
TOTAL	$ 169,197	$ (2,923,830)	$ 2,839,801	$ -	$ -	$ 85,168

7. DEFERRED CONTRIBUTIONS

Deferred contributions represent contributions received specific to programs' expenditures to be incurred in future periods.

	Balance, beginning of year	Recognized during the year	Amount received	Investment revenue restricted	Transfers	Balance, end of year
MDS Software	$ 982,531	$ (100,228)	$ -	$ -	$ -	$ 882,303
Health Shared Services	621,127	-	-	-	-	621,127
Linen Transition	296,681	(550,885)	2,500,000	-	-	2,245,796
Other programs funded by the Ministry of Health	500,000	-	-	-	-	500,000
Funded by the Ministry of Health	2,400,339	(651,113)	2,500,000	-	-	4,249,226
Payroll Enhancements	320,134	(178,943)	357,226	-	-	498,417
Employee Benefit Plans	366,285	(278,328)	81,385	-	-	169,342
Health Spending	1,359,564	(379,138)	621,969	7,868	-	1,610,263
Enterprise Resource Planning	828,591	(1,454,724)	1,198,266	-	-	572,133
Hospira - Smart Pump	-	-	2,000,000	-	-	2,000,000
Other programs funded by other sources	402,163	(408,800)	84,429	-	-	77,792
Funded by other sources	3,276,737	(2,699,933)	4,343,275	7,868	-	4,927,947
TOTAL	$ 5,677,076	$ (3,351,046)	$ 6,843,275	$ 7,868	$ -	$ 9,177,173

Details of the significant deferred contributions included in the table are as follows:

a) MDS Software

The MDS Software deferred contributions represent amounts received from the Ministry of Health for the ongoing support and implementation of the Minimum Data Set (MDS) for long term care and home care on behalf of all regional health authority boards. In addition to purchasing system support and training, the amounts are used to purchase licenses for MDS software on behalf of regional health authority boards and, in conjunction with the Ministry of Health, works to develop new MDS initiatives as required by regional health authorities.

b) Linen Transition

The Linen Transition deferred contribution represents amounts received from the Ministry of Health to support the transition of the linen services to the new provincial linen services. The revenue is recognized when the costs related to the transition to the new provincial service are incurred.

7. DEFERRED CONTRIBUTIONS (continued)

c) Flex Spending

The Health Spending deferred contributions represent amounts received from participating employers on behalf of out-of-scope employees. These contributions can be used to reimburse the participating employee and their spouse/dependents for any out-of-pocket health and dental expenses that are not covered by the 3sHealth Out-of-Scope Extended Health/Enhanced Dental Plan but meet the requirements of a medical expense in accordance with the Income Tax Act.

d) Hospira-Smart Pump

3sHealth and Hospira are working on the implementation of the Hospira Plum A+ smart pump and consumables to improve end user compliance through software enhancements that offer keypad drug search functionality, alarm settings with automatic distal occlusion resets, and drug infusion definitions and clinical use indications.

8. PROVINCIAL SERVICES

3sHealth provides services to our members and customers of Saskatchewan that directly benefit provincial participants. Funding for services may be a fee based on usage or full recovery for any expenditure incurred. 3sHealth does not charge a fee for Materials Management at this time.

	Budget 2015	2015	2014
REVENUE			Note 20
Employee Benefit Plans (Note 9)	7,293,456	6,805,782	6,740,859
Enterprise Resource Planning	1,980,264	1,454,725	21,409
Global Health Exchange	1,022,052	1,022,005	1,247,673
Linen services	646,968	550,885	1,003,319
Nursing Information System Saskatchewan	171,600	178,114	158,668
Payroll services	3,987,349	4,112,759	3,747,069
Payroll enhancement	174,000	178,943	36,113
Staff scheduling services	549,576	852,849	550,521
Staff scheduling project	145,672	92,872	131,404
TOTAL REVENUE	15,970,937	15,248,934	13,637,035
EXPENSES			
Employee Benefit Plans (Note 9)	7,293,456	6,707,225	6,740,859
Enterprise Resource Planning	1,980,264	1,454,725	21,409
Global Health Exchange	1,022,052	1,022,005	1,150,375
Linen services	646,968	550,885	1,003,319
Materials Management	1,708,956	1,574,273	1,300,421
Nursing Information System Saskatchewan	136,236	136,581	93,033
Payroll services	3,825,374	3,771,489	3,628,941
Payroll enhancement	174,000	178,943	36,113
Staff scheduling services	632,064	659,858	550,521
Staff scheduling project	145,672	72,539	131,404
TOTAL EXPENSES	17,565,042	16,128,523	14,656,395
DEFICIT OF PROVINCIAL SERVICES REVENUE OVER EXPENSES	**$ (1,594,105)**	**$ (879,589)**	**$ (1,019,360)**

9. EMPLOYEE BENEFIT PLANS TRANSACTIONS AND ASSETS UNDER ADMINISTRATION

Included in these financial statements are expenses of $6,707,225 (2014 – $6,740,859) relating to the operation of the following employee benefit plans (EBP's). These expenses are fully recovered and are reflected in Note 8. Accounts receivable includes $1,259,442 (2014 – $667,780) due from EBP's while accounts payable includes $10,829 (2014 – $227,278) related to expenses for the EBP's.

The fair value and the surplus/deficit of the EBP's under 3sHealth's administration at December 31 are:

	2015		2014	
	Fair Value	Surplus	Fair Value	Surplus
Disability Income Plan - CUPE	$ 63,280,307	$ 35,520,077	$ 54,053,701	$ 25,118,986
Disability Income Plan - SEIU	49,480,766	24,369,813	44,909,443	19,914,273
Disability Income Plan - General	50,119,655	20,683,951	45,528,859	16,709,765
Disability Income Plan - SUN	72,672,710	34,968,986	63,824,100	25,697,778
Core Dental Plan	20,426,531	17,895,364	18,839,438	16,677,422
In-Scope Extended Health / Enhanced Dental Plan	128,210,710	123,730,508	109,844,508	105,409,722
Out-of-Scope Extended Health / Enhanced Dental Plan	10,449,777	9,870,264	8,987,204	8,445,948
Group Life Insurance Plan	46,572,839	20,260,086	41,415,714	9,516,988
	$ 441,213,295	$ 287,299,049	$ 387,402,967	$ 227,490,882

10. CUSTODIAL SERVICES

3sHealth acts as an agent for other organizations and manages funding for a number of programs. 3sHealth includes the excess in its Statement of Operations. 3sHealth holds $1,080,954 (2014- $528,711) in cash to be paid to members relating to custodial services.

	Budget 2015	2015	2014
REVENUE			Note 20
Joint Health Human Resources Committee	-	4,400	-
Natural Gas Purchasing Program	60,000	65,701	53,041
Provincial Employee and Family Assistance Program	974,000	1,040,712	1,045,437
Purchasing Rebates	1,599,996	5,393,582	2,699,936
TOTAL REVENUE	2,633,996	6,504,395	3,798,414
EXPENSES			
Joint Health Human Resources Committee	-	5,150	-
Natural Gas Purchasing Program	60,000	65,701	53,041
Provincial Employee and Family Assistance Program	974,000	1,040,712	1,045,437
Purchasing Rebates	1,599,996	5,390,576	2,691,015
TOTAL EXPENSES	2,633,996	6,502,139	3,789,493
EXCESS OF CUSTODIAL SERVICES REVENUE OVER EXPENSES	**$ -**	**$ 2,256**	**$ 8,921**

The excess revenue over expenses of $2,256 is 3sHealth's portion of purchasing rebates.

11. CORPORATE ADMINISTRATION

Corporate administration includes functions within 3sHealth that support the delivery of provincial services.

	Budget 2015	2015	2014
			Note 20
Administration	1,412,524	1,501,909	2,545,044
Human Resources	655,397	633,650	374,631
Integrated Communications & Marketing	1,041,192	1,188,613	915,076
Strategic Information Systems & Corporate Services	4,257,479	4,179,485	3,138,954
	7,366,592	7,503,657	6,973,705
Less: Corporate overhead recovery (Note12)	(4,026,328)	(4,026,312)	(3,904,556)
TOTAL CORPORATE ADMINISTRATION	**$ 3,340,264**	**$ 3,477,345**	**$ 3,069,149**

12. CORPORATE OVERHEAD ALLOCATED

Corporate overhead allocated to business functions and service lines totalled $4,026,312 (2014 - $3,904,556).

	Budget 2015	2015	2014
Corporate Overhead Allocation			Note 20
Business Development	495,279	495,263	289,597
Integrated Communications & Marketing	218,699	218,699	197,087
Materials Management	349,153	349,153	283,542
People & Culture	384,943	384,943	378,401
Provincial services	2,522,446	2,522,446	1,007,107
Strategic Information Systems & Corporate Services	55,808	55,808	1,748,822
TOTAL CORPORATE OVERHEAD ALLOCATION	**$ 4,026,328**	**$ 4,026,312**	**$ 3,904,556**

13. HEALTH TRANSFORMATION

Health Transformation expenses include those related to the development of business cases as well as project and change management support to prepare the Health system for implementing changes to the identified service lines. The breakdown of these expenses is as follows:

	Budget 2015	2015	2014
			Note 20
Business Development	1,803,669	1,712,958	1,355,575
People & Culture	1,647,536	1,804,824	1,904,031
Business Cases - Existing projects	-	521,463	2,633,015
Business Cases - New development	1,274,999	-	-
TOTAL HEALTH TRANSFORMATION	**$ 4,726,204**	**$ 4,039,245**	**$ 5,892,621**

14. BOARD EXPENSES

3sHealth Board Members incurred the following travel and per diem expenses for the year ended March 31, 2015. Amounts reimbursed by 3sHealth, which are recorded in Corporate administration expenses in the Statement of Operations, are as follows:

	Board Travel	Per Diems	2015 Total	2014 Total
Barber, Brian	$ 2,503	$ 14,762	17,265	$ 12,462
Harper, Rennie	6,570	15,672	22,242	19,316
Jeworski, Kyle	630	7,500	8,130	8,346
Knelsen, Karen	3,106	13,953	17,059	16,321
Kook, Grant	1,294	5,500	6,794	4,000
Meredith, Twyla	4,188	4,000	8,188	2,667
Rhode, Jim	1,697	15,494	17,191	21,572
Shaw, Arnie	2,261	12,018	14,279	9,548
Sousa, Steve	-	-	-	189
	$ 22,249	$ 88,899	$ 111,148	$ 94,421

15. RELATED PARTY TRANSACTIONS

These financial statements include transactions with related parties. 3sHealth is indirectly related to all Saskatchewan Crown agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. 3sHealth is also indirectly related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the agreed upon exchange rates charged by those organizations and are settled on normal trade terms.

15. RELATED PARTY TRANSACTIONS (continued)

	2015	2014
Revenue		
Regional Health Authorities	$ 4,327,302	$ 5,474,201
eHealth Saskatchewan	-	65,406
Ministry of Finance	-	258
Ministry of Health	6,653,828	8,023,530
Saskatchewan Cancer Agency	211,206	91,458
Saskatchewan Healthcare Employees' Pension Plan	79,780	79,288
SaskTel	-	3,264
	$ 11,272,116	$ 13,737,405
Expenses		
Regional Health Authorities	$ 4,862,881	$ 2,045,760
eHealth Saskatchewan	1,956	92,994
Saskatchewan Healthcare Employees' Pension Plan	1,622,050	1,302,954
Ministry of Finance	-	17,313
Saskatchewan Cancer Agency	135,477	6,913
SaskTel	168,090	106,252
	$ 6,790,454	$ 3,572,186
Accounts Receivable		
Regional Health Authorities	$ 850,678	$ 2,517,998
SAHO Inc.	-	19,941
Ministry of Health	195	1,658
eHealth Saskatchewan	50,098	101,707
SAHO Inc.	20,702	-
Saskatchewan Cancer Agency	21,429	68,230
Saskatchewan Healthcare Employees' Pension Plan	271	328
Sakatchewan Workers Compensation Board	809	-
	$ 944,182	$ 2,709,862
Accounts Payable		
Regional Health Authorities	$ 876,079	$ 571,963
SAHO Inc.	-	661,034
Ministry of Central Services	1,714	1,601
Ministry of Finance	18,113	-
eHealth Saskatchewan	-	168,869
Saskatchewan Cancer Agency	6,056	-
SaskTel	27,374	52,778
Saskatchewan Healthcare Employees' Pension Plan	114,290	-
	$ 1,043,626	$ 1,456,245

3sHealth pays Saskatchewan Provincial Sales Tax to the Saskatchewan Ministry of Finance on all of its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

16. CONTINGENCIES

An unfair labour practice application filed by the Retail, Wholesale and Department Store Union Local 568 (R.W.D.S.U.), against 3sHealth, SAHO, and Regina Qu'Appelle Health Region has not yet been scheduled to be heard by the Saskatchewan Labour Relations Board. The financial impact on 3sHealth is undeterminable at this time.

A member of CUPE has filed a claim against 3sHealth in regards to communication related to the provincial laundry services strategy. The applications have been advanced to the Court of Queen's Bench. The financial impact on 3sHealth is undeterminable at this time.

A former employee of 3sHealth has filed a wrongful dismissal claim against 3sHealth. 3sHealth has accrued $20,000 in relation to the dismissal but the financial impact is unknown at this time.

17. FUTURE COMMITMENTS

3sHealth has entered into agreements to lease office space in Regina and Saskatoon. The Saskatoon lease expires in 2016 and the Regina lease expires in 2018. 3sHealth is also responsible for its proportionate share of operating costs of the building and property taxes under these leases. The future minimum lease payments, in each fiscal year, are as follows:

2015/16	$616,554
2016/17	$623,391
2017/18	$662,037
2018/19	$233,737

3sHealth entered into a contract with Gartner Consulting totaling $84,000 for professional consulting services in relation to the Enterprise Resource Planning project. In congruence with the term of the contract, 3sHealth has committed to satisfy future payments on the contract as work is completed.

18. BUDGET

The 3sHealth board approved the 2014-15 budget on March 25, 2014.

19. SUBSEQUENT EVENTS

3sHealth has terminated a contract with a consulting vendor as the vendor did not meet timelines. There is $36,000 being disputed at this time.

20. COMPARATIVE FIGURES

Certain comparative figures have been reclassified to conform to the current year's presentation.

HEALTH SHARED SERVICES SASKATCHEWAN

Schedule 1 - Expenses By Object

For the year ended March 31

	Budget 2015	2015	2014
Administrative Service Contracts - Employee Benefit Plans	947,004	885,870	936,055
Amortization	240,000	213,176	185,387
Audio-visual program	-	-	1,724
Bad debt expense	-	24,763	-
Bank charges	6,852	4,755	5,187
Building expenses	876,954	798,337	876,542
Equipment and computers	1,827,662	1,525,444	1,474,277
Fund managers- Employee Benefit Plans	402,732	452,830	316,605
Insurance	57,816	35,475	38,323
Legal	383,028	277,459	338,271
Membership fees	92,388	79,683	157,190
Office expenses	244,024	530,717	379,305
Other	-	-	800,564
Postage and courier	148,000	133,602	127,423
Printing	56,537	28,034	69,203
Professional services	3,101,475	2,361,665	2,282,125
Professional services - Employee Benefit Plans	2,871,744	2,321,145	2,814,960
Salaries and related benefits	12,372,408	12,475,538	10,081,198
Seminars	263,474	82,383	15,857
Subscriptions and publications	16,684	18,786	33,154
System support and development	894,908	612,858	2,027,779
Telephone	139,368	173,991	144,432
Strategic Information Systems projects	482,076	409,430	321,424
Training and travel	206,376	199,172	191,430
TOTAL EXPENSES	**$ 25,631,510**	**$ 23,645,113**	**$ 23,618,415**
Loss/(Gain) on disposal of capital assets	-	4,390	(250)

See accompanying notes

3sHealth

Annual Report – Payee Disclosure

Fiscal year: 2014-15

Salaries and Benefits

Listed are payees who received $50,000 or more for salaries, wages, honorariums, car allowances, performance pay, lump sum payments, etc. and for pension and public sector benefits. Senior employees' salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary.

Pay for performance was suspended in May 2015 and senior employees were adjusted to receive 100% of their base salary. Pay for performance is reported based on the fiscal year the senior employee receives the pay.

Susan Antosh is paid by 3sHealth and is reimbursed by eHealth Services.

Salaries

ALTWASSER - MANG, Kendra	70,852
AMBROZ, Dave	71,182
ANDERSON, Mark	225,468
ANDERSON, CP (Bud)	133,257
ANTOSH, Susan	238,027
ARENDS, Jennifer	67,030
ARNDT, Kendell	211,883
ASHDOWN, Leanne	151,986
ASMUNDSON, Kimberley	61,564
BAGNALL, Lane	66,190
BARABASH, Deborah	78,585
BARSCHEL, Jeff	137,330
BECKER, Jennifer	51,589
BLAKLEY, Bonnie	219,031
BOUDREAU-EXNER, Suzanne	142,810
BRYANTON, Gail	91,290
BUCKSHAW, Shiona	71,182
BUTTERFIELD, Rhonda	85,535
CANNING, Kimberley	96,428
CARLSON, Bonnie	60,729
CARROLL, Rebecca	72,938
CHEKAY, Ryan	71,181
COLLUM, JoAnn	123,426
CORBIN, Mark	91,526
CRAWFORD, James	133,427
CURRIE, Marjorie	91,595
DAKU, Murray	79,105
DASKALCHUK, Janine	99,735
DAVER, Rosemary	61,331
DVERNICHUK, Rhonda	79,258
EDWARDS, Jacqueline	84,763
ERMEL, Delia	87,795
EVANS, Lynette	53,113
FETCH, Jennifer	68,174
FISHER, Elyse	57,166
FORRESTER, Gillian	113,874
GAMRACY, Tanya	68,167
GAVIGAN, Marjorie	168,673
GIESINGER, Glenn	73,758
GODWIN, Donna	63,566
GOODTRACK, Rhonda	75,683
GRANDEL, Christopher	56,350
GUDBRANSON, Sandra	51,529
HARDEN, Michelle	76,769
HARRISON, Natasha	67,496
HIEBERT, Bernice	53,238
HILTON, Audrey	116,541
HUBICK, Jacqueline	121,670
JAWORSKI, Joe	85,536
JOICE, Robert	66,116
KOCH, Paula	74,699
KOHL, Anita	53,807
KOZEY, Susan	128,375
LITZENBERGER, Lori-Ann	74,792
MACDONALD, Jaclyn	52,632
MALACH, Luke	78,458
MANZ, Dallas	70,972
MCCAIG, Barry	74,921
MCCALLUM, Andrew	57,204
MILANOVSKI, Mario	73,483
MONTANINI, Linda	50,682
MORSE, Shawn	68,240
MRAZEK-FANNING, Fran	70,382
MUNRO, James	88,421
MURRAY, Larisa	54,742
NEW, Lynne	68,085
ONG, Mooi	60,585
PALANIMANICKAM, Gopinath	58,770
PAXMAN, Sheri	70,386
PETERS, Stanley	78,830
PILON, Tania	76,743
POTETZ, Lesley	61,067
RAMIREZ, Sabrina	67,730
REID, Brenda	63,123
REIMER, Amanda	67,994
RICHARDSON, Dana	69,958
ROCHE, Hazel	78,970
ROCKABAR, Clinton	67,453
RODGERS, Janice	67,023
RORQUIST, Jacqueline	85,868
RYAN, Timothy	71,327
SANDERCOCK, Sandra	54,277
SHABATURA, Wendy	70,382
SHEARER-KLEEFELD, Alana	103,465
STEINHUBL, Janet	61,325
STEWART, Mark	70,881
SWITZER, Shelda	97,647
TAYLOR, Dana	52,838
THOMPSON, Kelly	69,682
THOMPSON, Sandra	50,479
THOMPSON, Cheryl	78,877
TORJUSEN, Jocelyn	70,382
TREW, Taren	53,401
VU, Catherine	130,116
WARAWA, Ted	144,622
WASMUTH, Kerry	100,420
WEBER, Ryan	66,982
WILL, Andrew	337,918
WILL, Amanda	84,041
WILLE, Jessica	71,175
WOWCHUK, Christine	75,522
WRIGHT, Andrea	87,875
XIONG, Xin	69,752
YELLE, Cynthia	70,382
ZIMMERMAN, Shauna	77,782

Benefits

Great West Life Assurance	704,623
SHEPP	1,622,050

Goods and Services

Listed are payees who received $50,000 or more for the provision of goods and services, including travel, office supplies, communications, contracts, and equipment.

AON Hewitt	517,362
Caldwell Partners	149,281
cFactor Works	1,988,796
Deloitte LLP - Regina	94,662
Deloitte Inc. - Calgary	86,013
Deloitte - Winnipeg	86,978
DL Winn & Associates	75,125
DUBOIS, Charles L.	222,564
Franklin Temple	159,724
France Financial	52,151
Gartner Canada	323,112
George & Bell	69,213
Global Healthcare Exchange	1,027,732
Group Medical Services	232,660
HealthPro Procurement Service	52,500
Homewood Health	1,027,532
ISLOOR Consultancy Service	255,371
ITM Computer Service	85,486
JobNet Employment Inc.	51,402
JP Morgan Asset Management	104,129
Kelly Services Ltd.	129,425
Kompass Business Solution	89,925
KPMG Consulting - Ontario	227,666
Kronos Canadian Systems Inc.	440,940
MacPherson Leslie & Tyerman	190,075
Mawer Investment Management	147,175
Mercer Human Resource Consulting	214,881
Miller Thomson	90,199
O·R·G Canada	154,750
Olive Waller Zinkhan & Waller	67,125
Peninsula Consulting Group Inc.	168,458
SaskTel	168,090
WBM Office Systems	57,499

Other

Listed are payees who received $50,000 or more for rebates or other expenditures such as rent.

2002 Victoria Avenue Holding	833,754
Cancer Care Manitoba	121,679
Cypress Health Region	82,825
eHealth Saskatchewan	180,608
Five Hills Health Region	187,206
Heartland Health Region	55,023
Kelsey Trail Health Region	295,276
Prince Albert Parkland Health	411,337
Regina Qu'Appelle Health Region	1,503,129
Saskatoon Health Region	2,042,195
Saskatchewan Cancer Agency	135,628
Sun Country Health Region	67,142
Sunrise Health Region	196,609

3sHealth
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